

# Precision Health

## Long Term Insights Briefing, 2023



New Zealand Council Of  
Christian Social Services

### Tirohanga Whānui | Overview

The New Zealand Council of Christian Social Services (NZCCSS) welcomes the opportunity to provide feedback on this Long Term Insights Briefing regarding the use of Precision Health in the context of Aotearoa.

We support the general kaupapa to make healthcare in Aotearoa more accessible and personalised, but express concern regarding the reliance on Artificial Intelligence (AI) with an aging population.

Healthcare is personal and requires a relationship based on a high level of trust and clear communication. We express concern that this can be adequately provided through options such as telehealth for our older community members.

### Whakaaro | Discussion Points

We raise the following points for consideration:

#### **Item One – AI Telehealth as a substitute for healthcare professionals will not meet the needs of Older New Zealanders.**

Older New Zealanders have unique and distinct requirements and expectations from their healthcare provision. This will cannot be adequately met via AI chatbots.

A lack of trust in and lack of familiarity with AI software may result in reductions in engagement with health services. Clinician contact provides crucial connection for often isolated individuals. Clinicians also play a key role in the assessment of loneliness and associated mental health deterioration.

People who have not grown up with technology may have a reduced understanding of the capacity of this technology to appropriately provide care. While those who put these systems in place will have the confidence to do so, if the end user does not, they will simply not engage with the service. It is critical that older people, who often have increased and complex health needs that require regular consistent assessment, feel confident that they are being given quality care or they may not feel confident following the advice given.

A significant concern to the holistic wellbeing of older people is also that of loneliness and its follow-on effects. Primary care contact with clinicians is a key step in ensuring that older people have another form of meaningful interpersonal communication. It also gives their health care providers an opportunity to regularly assess their mental health for signs of deterioration. AI chatbots will be highly unlikely to be able to provide this aspect of care with a series of focused, symptom-based questions and lack of doctor-patient familiarity. An electronic, or even constantly changing service provider misses key aspects of health deterioration, including mental capacity.

There is also the question of whether this kind of technology will be capable of managing the complexity of care for older people. This includes giving medical advice that is sensitive, culturally

appropriate, and understood by the patient. A chatbot will be insufficient to provide accurate and sensitive advice to the patient, particularly those with multiple diagnoses.

The discussion document speaks specifically around the demographic limitations of the existing programmes and data sets. Our older population comprise many ethnicities, including our Māori and Pacific Island elders who are virtually excluded from international datasets. We cannot risk their specific needs and cultural requirements by leaving their care up to AI. While we understand the enormous power of machine learning, this is a new field of health provision. We do not wish to see older New Zealanders being used as the test subjects when their health is much less robust than other demographics.

Lastly, we remain concerned about issues of consent and capacity for older people. Where someone is experiencing cognitive decline, clear consent is crucial. Assessment of ability to consent and capacity for understanding can be challenging, sensitive and complicated. Technology is an inappropriate tool to use to measure capacity or gain consent.

**Item Two – Older New Zealanders do not have the technology to be integrated into this system.**

The successful use of digital technology as part of primary healthcare requires patients to be active, willing, knowledgeable users of said technology with minimal training. For many older people, the digital world is costly, confusing, and inaccessible.

Older New Zealanders are not digital natives, and the learning curve to engage with modern technologies can be much steeper than for younger generations. Asking people to learn a new skill to access healthcare is deeply unfair and puts this demographic at a notable disadvantage in the access to healthcare. Where there are other cultural intersectionalities that create barriers (English as a second language, physical disabilities, etc...) it is an inappropriately high barrier to use.

Older New Zealanders often do not use electronic devices. They may not own one, or even have an internet connection. For many, even if they have a device, they do not have the confidence to use it alone and will continue to rely on whānau to support their access to healthcare.

This approach presumes that patients have a device which can access the internet, and access to the internet. Both elements require the finances to do so. Many of the most vulnerable older New Zealanders are living week-to-week to afford the basics of life. For those surviving on superannuation, this is an additional cost. When times are tight, ability to access telehealth services digitally will be a barrier for our Older People.

This is likely to result in more costly healthcare being required, as the cost and hassle mean changes of early intervention are limited.

## **Taunakitanga | Recommendations**

**Recommendation:** We strongly suggest ensuring that the care of older people is not included in this approach to health care.

We also suggest that those designing this system consider the points raised above in relation to other demographics for whom access to the digital world is not mainstreamed. These include those on lower incomes, refugee / migrants, many people with disability, etc...

**Ko wai tātou | Who we are**

NZCCSS has six foundation members: the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support and the Methodist and Salvation Army Churches.

Through this membership, NZCCSS represents over 230 organisations providing a range of social support services across Aotearoa. We believe in working to achieve a just and compassionate society for all, through our commitment to our faith and Te Tiriti o Waitangi. Further details on NZCCSS can be found on our website [www.nzccss.org.nz](http://www.nzccss.org.nz).

**Ingoa whakapā | Contact Name**

Nikki Hurst | Kaiwhakahaere

Rachel Mackay | Senior Analyst